



Online Instructions

Initial Application of Acupuncture License

PLEASE READ the application instructions, statutes, and regulations before completing your application. Please retain this information for future reference. **YOU MUST HOLD A PERMANENT LICENSE TO PRACTICE ACUPUNCTURE IN ALASKA.**

The following items must be on file with our office before your application for acupuncture license will be reviewed:

1. OFFICIAL TRANSCRIPT

An official transcript from a school or college of acupuncture accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) <http://acaom.org/directory-menu/directory/> or the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) <http://www.ccaom.org>

2. NCCAOM DIPLOMATE

Please request your NCCAOM credentials be sent directly to this office.
www.nccaom.org/state-licensure/state-verification/

3. CERTIFICATE OF MORAL CHARACTER

Two completed Certificate of Moral Character forms (#08-4110c).

LICENSE STATUS:

Licenses are issued for a two-year period and expire on **September 30th** of **even-numbered** years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record.

PROFESSIONAL FITNESS QUESTIONS:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at ProfessionalLicense.Alaska.gov under License Search.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov* or contact the Division for a copy of the form.

STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST

Email: *RegulationsAndPublicComment@Alaska.Gov*

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, Alaska 99811-0806



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Acupuncture Program

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: Acupuncturists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/Acupuncturists

Verification of Acupuncture License



Applicant:

Please complete the identifying information below and forward a copy of this form to each state or jurisdiction where you previously were or currently are licensed. Some states require a fee for completion of license verification.

Full Legal Name:		Email:	
Applicant Signature:		Date Signed:	



Licensing Agency:

The above-named individual is applying for licensure as an acupuncturist in Alaska. Please provide the information requested below, and return the form directly to the Division of Corporations, Business and Professional Licensing at the address at the top of the page.

State Board or Licensing Jurisdiction:			
Licensee Name: (As Shown in Your Records)			
License Number:		Periods of Lapse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Issue Date:		Expiration Date:	
Status:	<input type="checkbox"/> Current <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Other: _____		
Issued By:	<input type="checkbox"/> Exam <input type="checkbox"/> Credentials <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other (Please Specify): _____		
Has there been any final disciplinary action taken against this licensee? (If Yes, please provide a copy of the disciplinary action document)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your state require NCCAOM certification for licensure?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
List Derogatory Information, If Any:			
(BOARD SEAL)	Signature:		Date Signed:
	Printed Name:		Title:
	Phone:		Email:



THE STATE
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ALASKA *Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing*

Acupuncture Program

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Email: Acupuncturists@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/Acupuncturists

Certificate of Moral Character

Required: You must submit two certificates of moral character

Applicant's Name:	
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→ **Reference:**

This bottom part must be completed by the reference and either returned to the applicant, or directly to the division at the above address.

By my signature below, I certify that I have been personally acquainted with the above-named applicant for the number of years indicated below, and that I know him/her to be of good moral character, not addicted to the use of habit-forming drugs or intemperance, and I recommend him/her to the State of Alaska, Department of Commerce, Community, and Economic Development, as being entirely worthy to be licensed to practice acupuncture in Alaska pursuant to law.

Number of years I have been personally acquainted with the above-named applicant:				
Reference's Name:				
Mailing Address:				
Phone:		Email:		
Reference's Signature:				
<div style="border: 1px dashed black; padding: 10px; text-align: center;">Notary Stamp</div>	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



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Number of years I have been personally acquainted with the above-named applicant:			
Reference's Name:			
Mailing Address:			
Phone:		Email:	
Reference's Signature:			
<div>Notary Stamp</div>	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary's Signature:		My Commission Expires: